



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH CARE FACILITIES
227 French Lancing, Suite 105
Heritage Place Metrocenter
NASHVILLE, TENNESSEE 37243
TELEPHONE (615) 741-7221
FAX (615) 741-7051**

**ALCOHOL AND DRUG
PROCEDURES FOR APPLYING FOR LICENSURE OF A NEW FACILITY**

**RESIDENTIAL DETOXIFICATION TREATMENT FACILITY
RESIDENTIAL REHABILITATION TREATMENT FACILITY
HALFWAY HOUSE TREATMENT FACILITY**

1. Submit a notarized application along with the appropriate licensure fee to the address at the top of the application.
2. Obtain architectural plans signed and sealed by an architect or Tennessee Licensed engineer. Submit the plans to the Plans Review Section of Health Care Facilities. Once you receive approval of the architectural plans you may begin building the facility. If it is an existing building you will need to make any renovations that the plans reviewer has indicated. Approximately thirty (30) to forty-five (45) days prior to completion of the construction/renovations you will need to send a letter to the Regional Office in your area to request a survey of the facility. The Regional Office will notify you to schedule the survey. Be certain that you have given yourself plenty of time to have the building completed and to have your policies and procedures in order. If you are not ready on the date of survey it will most likely be thirty (30) days or more before the survey can be rescheduled.
3. Once the survey has been completed the surveyor will tell you if your facility is going to be approved for licensure. The surveyor will forward the appropriate forms to the Regional Office for processing. When the Regional Office completes their tasks the appropriate forms are forwarded to the Central Office Licensure Division for processing. The license will then be ordered and an approval letter will be sent to the facility which provides the license number and date of the approval. Once the facility receives the approval letter you may begin admitting residents. If you would like to have the letter faxed to you so that you may begin admitting residents immediately you may call the Central Office to request this. The license should be received in your facility within seven (7) to ten (10) days.

**NON-RESIDENTIAL TRATMENT FACILITY
PREVENTION PROGRAM FACILITY
DUI SCHOOL FACILITY**

1. Submit a notarized application along with the appropriate licensure fee to the address at the top of the application.
- 2.. Approximately thirty (30) to forty-five (45) days prior to completion of the construction/renovations you will need to send a letter to the Regional Office in your area to request a survey of the facility. The Regional Office will notify you to schedule the survey. Be certain that you have given yourself plenty of time to have your policies and procedures in order. If you are not ready on the date of survey it will most likely be thirty (30) days or more before the survey can be rescheduled.
3. Once the survey has been completed the surveyor will tell you if your facility is going to be approved for licensure. The surveyor will forward the appropriate forms to the Regional Office for processing. When the Regional Office completes their tasks the appropriate forms are forwarded to the Central Office Licensure Division for processing. The license will then be ordered and an approval letter will be sent to the facility which provides the license number and date of the approval. Once the facility receives the approval letter you may begin providing services. If you would like to have the letter faxed to you so that you may begin admitting residents immediately you may call the Central Office to request this. The license should be received in your facility within seven (7) to ten (10) days.

NON-RESIDENTIAL METHADONE TREATMENT FACILITY

1. You must obtain a Certificate of Need (CON) from the Services and Developmental Agency prior to applying for licensure of this type of facility. Once you obtain a CON you will need to submit a notarized application along with the appropriate licensure fee to the address at the top of the application.
2. You must then obtain architectural plans signed and sealed by an architect or Tennessee licensed engineer. Submit the plans to the Plans Review Section of Health Care Facilities. Once you receive approval of the architectural plans you may begin building the facility. If it is an existing building you will need to make any renovations that the plans reviewer has indicated. Approximately thirty (30) to forty-five (45) days prior to completion of the construction/renovations you will need to send a letter to the Regional Office in your area to request a survey of the facility. The Regional Office will notify you to schedule the survey. Be certain that you have given yourself plenty of time to have the building completed and to have your policies and procedures in order. If you are not ready on the date of survey it will most likely be thirty (30) days or more before the survey can be rescheduled.

3. Once the survey has been completed the surveyor will tell you if your facility is going to be approved for licensure. The surveyor will forward the appropriate forms to the Regional Office for processing. When the Regional Office completes their tasks the appropriate forms are forwarded to the Central Office Licensure Division for processing. The license will then be ordered and an approval letter will be sent to the facility which provides the license number and date of the approval. Once the facility receives the approval letter you may begin admitting residents. If you would like to have the letter faxed to you so that you may begin admitting residents immediately you may call the Central Office to request this. The license should be received in your facility within seven (7) to ten (10) days.



FOR OFFICIAL
USE ONLY
68/014

State of Tennessee
Department of Health
Board for Licensing Health Care Facilities
227 French Landing, Suite 501
Heritage Place Metrocenter
Nashville, Tennessee 37243
(615) 741-7221
ALCOHOL AND OTHER DRUG PREVENTION AND/OR
TREATMENT FACILITIES
APPLICATION FOR LICENSE
RESIDENTIAL NON-RESIDENTIAL

(Indicate number of beds)

(Check category)

_____ Residential Detoxification Treatment Facility
_____ Residential Rehabilitation Treatment Facility
_____ Halfway House Treatment Facility

_____ Non-Residential Treatment Facility
_____ Non-Residential Methadone Treatment Facility
_____ Early Intervention Facility
_____ DUI School Facility

Are you located in a mental health facility? Yes _____ no _____

Name of facility: _____

Location of the facility:

Street _____ City _____

County _____ State _____ Zip _____

Telephone number: (____) _____ Fax number: (____) _____

Ownership of building: _____

Street _____ City _____
Name _____

State _____ Zip _____ Phone: (____) _____

Facility administrator: _____

Have you (administrator) ever been convicted of a crime involving injury or harm to person(s), or financial or business management (e.g., assault, battery, robbery, embezzlement, or fraud)? Yes _____ No _____

If yes, what charge(s)? _____

Where convicted and date: _____

DEPARTMENTAL USE ONLY:

Fee _____ License No. _____
Date License Granted _____

FEE SCHEDULE INSTRUCTIONS:

Use the schedule below to determine the total amount of fees to be submitted for each facility. Send Check or Money Order payable to: **BOARD FOR LICENSING HEALTH CARE FACILITIES.**

The applicant must submit a fee(s) for the processing of the application by the Department's Office of Licensure in making a determination to grant or to deny licensure. Each initial and renewal application for licensure must be submitted with the appropriate fee(s). All fees submitted are **nonrefundable**. The fee rate is based on the number of distinct facility categories (as defined under Chapter 1200-8-9-.02 DEFINITIONS) to be operated at each non-residential site, and on the number of client beds to be licensed at each residential site. A fee must be submitted for each facility site for which licensure is being sought under the following schedule:

<u>Residential</u>	<u>Fee Per Site</u>	<u>Non-Residential</u>	<u>Fee Per Site</u>
2-3 Beds	\$150.00	One (1) Distinct Facility Category	\$ 600.00
4-10 Beds	\$210.00	Two (2) Distinct Facility Categories	\$ 750.00
11-15 Beds	\$300.00	Three (3) Distinct Facility Categories	\$ 900.00
16-50 Beds	\$600.00	Four (4) Distinct Facility Categories	\$1,050.00
More than 50 Beds	\$900.00	More Than Four (4) Distinct Facility Categories	\$1,200.00

Each licensee will be issued one license for each site at which the licensee is operating a facility or facilities. The license for each site will indicate which category or categories of facilities are authorized to be operated at that site.

OWNERSHIP OF BUSINESS

1. a. Check the type of Legal Entity:

_____ Individual _____ Partnership _____ Corporation _____ Limited Liability Company
_____ Church Related _____ Government/County _____ Other

- b. Check one: _____ For Profit _____ Non-profit

- c. Legal Entity _____ Phone() _____
Address _____

- d. List name(s) and address(es) of individual owner, partners, directors of the corporation, or head of the government entity:

Name	Address	City, State, Zip
Name	Address	City, State, Zip

If additional space is needed make an attachment to this form.

- e. Are you accredited: Yes _____ No _____ Expiration Date _____

2. a. If this facility chain affiliated? _____ Yes _____ No

- b. If yes, list name, address, and phone number of the parent company.

3. a. If a corporation, is there a holding company/parent corporation? _____ Yes _____ No
b. If yes, list the name, address, and phone number of the holding company/parent corporation.

4. a. Are any owners of the disclosing entity also owners of other health care facilities in Tennessee and/or other states? _____ Yes _____ No
b. If yes, list names and addresses of all such facilities.

If additional space is needed make an attachment to this form.
5. a. Do you have a contract with a management firm to operate this facility? _____ Yes _____ No
If yes, specify dates: From _____ To _____
b. If yes, please specify name of firm: _____
Address and phone: _____
6. a. Have any owners of the disclosing entity ever been denied a license suspended or revoked for a health care facility in Tennessee or in any other state? _____ Yes _____ No
b. If yes, where? _____ When? _____
c. For what reason? _____
If additional space is needed, make an attachment to this form.

VERIFICATION BY NOTARY PUBLIC

Signer for application certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to the type of facility or agency for which application for licensure is made and with the rules promulgated under Tennessee code annotated, §68-11-201.

Signer also certifies that a policy has been implemented to inform all employees of their obligation under §71-6-103 to report incidents of abuse or neglect.

(Signed) the Applicant Title or Position Date

State of Tennessee

County of _____

The above named applicant (print name) _____, being by me duly sworn on his/her oath, deposes and says that he/she has read the forgoing application and knows the contents thereof: that the statements concerning the above named facility or agency, therein contained, are correct and true to his/her own knowledge.

Subscribed to and sworn to before me this _____, day of _____
Month Year

Notary Public: _____

My commission expires: _____

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